

CLACKAMAS COUNTY PROTOCOL **FOR DRUG-ENDANGERED CHILDREN (DEC)**

I. Purpose

This protocol provides for a coordinated interagency response whenever children are exposed to the manufacture, sell or use of illicit drugs (drug-endangered children). A coordinated interagency response best advances the goal of child protection.

II. Participants

- A. Clackamas County Police and Fire Departments, and Hazardous Material Teams
- B. Department of Human Services, Clackamas County Branch
- C. Legacy Emanuel Hospital and The Children's Center of Clackamas County
- D. Clackamas County District Attorney's Office

III. Clackamas County Police and Fire Departments, and Hazardous Material Teams Protocol:

- A. **Level I Response:** Children found at methamphetamine laboratories.
- B. **Level II Response:** Children exposed to the sale, use or possession of controlled substances.

IV. Department of Human Services Protocol (Clackamas County Branch)

V. Legacy Emanuel Hospital and The Children's Center of Clackamas County Protocol

VI. Clackamas County District Attorney's Office Protocol

Exhibits

- 1. Glossary**
- 2. Child Chemical Exposure Checklist**
- 3. Medical Provider Letter**
- 4. Information for Health Care Providers**
- 5. Applicable Criminal Charges for Drug-Endangered Children**
- 6. Contact Information**
- 7. Drug Test Collection Site Registration Form**

III. POLICE, FIRE DEPARTMENT, AND HAZARDOUS MATERIALS TEAM PROTOCOL

A. Level I Response: Children Found at Methamphetamine Laboratories

1. **Initial Police Assessment:** Police officers who respond to a location where there is a methamphetamine laboratory and children are present shall summon emergency medical services personnel (EMS) immediately. Thereafter, Fire Department and/or Hazardous Material Response Team (HazMat) personnel shall be summoned, followed by the jurisdiction's clandestine laboratory response team and DHS via the Child Abuse Hotline (503-657-6802).
2. **Decontamination Assessment:** The responding Fire Department or HazMat-trained personnel shall determine the level of decontamination necessary for safe transport of the children taking into consideration the medical needs of the children and with due regard to the physical and emotional effects such decontamination will have on the children. In the event an on-scene wet decontamination is required, HazMat personnel will make all available attempts to provide a private decontamination environment in which a DHS or other suitable adult is present to comfort the children. If children are to be transported to the Legacy Emanuel Hospital Emergency Department (at which decontamination facilities are present), an on-scene dry decontamination shall be conducted whenever possible to lessen the emotional trauma to the child.
3. **Child Chemical Exposure Checklist:** In all cases in which children are transported to Legacy Emanuel Hospital's Emergency Department (ED) for medical evaluation and testing, a "Child Chemical Exposure Checklist" shall accompany the children, or shall be transmitted as soon as practicable to the ED, to facilitate a complete medical evaluation and comprehensive testing of the children. This information may be provided by phone to the ED. This informs the ED of all available information regarding potential chemical exposure and the level and type of field decontamination performed on the child(ren).
4. **Criminal Investigation:** The investigation of the child endangerment case shall be conducted or coordinated by the investigating officer assigned to investigate the case from the jurisdiction's clandestine laboratory response team (the Police

Case Agent). The Police Case Agent is responsible for ensuring that a trained child abuse investigator is notified to ensure the proper documentation in writing and in photographs of the children's access and exposure to the chemicals and other hazards associated with the clandestine production of methamphetamine, and shall secure the children's clothing at the scene or the hospital which are least likely to cause emotional trauma to the children. . Further, the Police Case Agent shall determine, based on the age of the children, the emotional condition of the children, and the totality of existing circumstances whether interviewing the children is in the best interests of the children. If an interview or interviews are warranted, the Police Case Agent is responsible for conducting or coordinating the interviews under circumstances, which are least likely to cause further emotional trauma to the children. DHS will be included whenever possible in the child interview process. The Police Case Agent shall also include with the case materials the identity of the contaminated waste removal contractor, together with a copy of the contractor's manifest.

5. **Child Placement:** The determination of the appropriate temporary placement of a child found in a methamphetamine laboratory is the responsibility of the responding DHS personnel. The on-scene law enforcement officers are to assist the DHS personnel in the evaluation of the best temporary placement by investigating the criminal history, law enforcement involvement, and/or overall suitability of potential temporary placements by database and other reasonable inquiries. The Police Case Agent shall complete a custody report when the child is not placed with a parent and will fax the custody report to DHS and Juvenile Court by 9:00 am the following day. The custody report shall specify why the child was not placed with a parent.
6. **Assembly of Criminal Case Materials:** The Police Case Agent shall be responsible for assembling the investigative; EMS; HazMat; interview; and, to the extent allowed by law, the DHS assessment and medical evaluation and testing reports, for presentation to the District Attorney's Office for prosecution of the child endangerment charges along with the underlying drug charges.

If not previously provided, the police case agent shall distribute a copy of his/her investigative reports to DHS when the reports are submitted to the District Attorney's Office for prosecution.

7. **Advance DHS Notification:** Whenever police have advance notice that children may be present at a methamphetamine lab at

which the police intend to execute a search warrant or conduct a knock-and-talk investigation, they shall contact the Child Abuse Hotline at 503-657-6802 to ensure a DHS caseworker is available to assist the children, if necessary. DHS shall provide to the police database information regarding prior child abuse or neglect referrals, vital records, and other government database information concerning the targets of the police investigation when such information is to be used in furtherance of a joint police-DHS child endangerment investigation, including investigations into drug-related activities, which may pose dangers to children.

8. **Suspected Physical or Sexual Abuse:** In all cases in which physical or sexual abuse of a child is suspected, the Police Case Agent shall immediately notify the Child Abuse Hotline at 503-657-6802, and shall document this notification in the case agent's investigative reports. The Child Abuse Hotline shall cross-report this information to the appropriate Law Enforcement Agency (LEA) who will assess whether or not an immediate police response is required under the MDT protocol.

B. Level II Response: Children Exposed to the Sale, Use or Possession of Controlled Substances

1. **Initial Police Assessment:** Police officers who encounter children during investigations of the sale and possession of controlled substances shall evaluate the children's access to the controlled substances, the physical condition of the children, and the level of care being provided to the children by the responsible adults. Where any of these factors indicate that the children are at risk of harm or neglect, the police shall notify the Child Abuse Hotline at 503-657-6802 so the need for a DHS caseworker response can be evaluated.

A child may be taken into **protective custody** when the child's conditions or surroundings reasonably appear to jeopardize the child's welfare (ORS 419B.150). If a child is taken into protective custody, the police case agent will complete a custody report and provide to DHS and Juvenile Court by 9:00 am the following day.

2. **Criminal Investigation:** Regardless of whether a DHS caseworker responds or the children are placed in protective custody, the Police Case Agent should consult with a trained child abuse investigator. The Police Case Agent should include in his/her investigative reports documentation and photographs of the presence and /or association of children with the target location of the drug-related investigation. This documentation should include

the identity of the children found in or associated with the residence and their relationship to the responsible adults; the circumstances in which the children were found; the physical condition and overall appearance of the children; the availability of essential food; the sleeping arrangements of the children; and the condition of the adults in whose care they were found.

Photographs should capture all potential hazards to the children and document living conditions indicative of neglect or endangerment, including, but not limited to: drugs and drug paraphernalia (e.g., razor blades, syringes, pipes); booby traps (e.g., trip wires for explosives, pongee sticks, and chemical devices); exposed wiring; refrigerator (absence or presence of food and the age dates on food containers, chemicals stored adjacent to consumables); sleeping areas (dirty sheets/blankets, no bed linens, stained/soiled mattresses); bathroom facilities (inoperable toilet, filthy sink/bathtub, access to medicines, razor blades, etc.); guns (note if loaded), knives and other weapons; pornographic materials (e.g., photographs, videos or sex toys); accessibility of children to any other hazards (measure relationship of child's height to location of drugs, drug paraphernalia, chemicals, weapons, raw sewage, feces, broken windows and other unsafe conditions).

3. **Assembly of Criminal Case Materials:** The Police Case Agent shall ensure that reports and photographs of drug-related child endangerment or neglect investigations are prepared and distributed as soon as practicable, and shall distribute a copy of the investigative reports to DHS when they are submitted to the District Attorney's Office for prosecution.
4. **Advance DHS Notification:** Whenever police have advance notice that children may be present at a location which is the target of an investigation into the sale or possession of controlled substances, they shall contact the Child Abuse Hotline at 503-657-6802. DHS shall provide to the police database information regarding prior child abuse or neglect referrals, vital records, and other government database information concerning the targets of the police investigation when such information is to be used in furtherance of a joint police-DHS child endangerment investigation, including investigations into drug-related activities which may pose dangers to children.
1. **Other Level II Response Procedures:** In Level II response situations to which DHS responds and/or in which a child is taken into protective custody, the protocol shall otherwise conform to that of a Level I response.

IV. DEPARTMENT OF HUMAN SERVICES (DHS) PROTOCOL FOR CLACKAMAS COUNTY

A. Administration

1. **Applicability of Protocol:** This DHS protocol is intended to cover DHS Child Protective Services (CPS) workers' response to, and investigation of, drug-endangered children.
2. **Staffing:** Clackamas County DHS currently has CPS workers available for immediate joint response with police agencies (from 8 AM to 5 PM Monday through Friday, and evening hours as available). The Child Abuse Hotline (503 657-6802) will be available to police agencies 24 hours a day, 7 days a week. The Child Abuse Hotline will have access to a DHS on call staff for consultation and response as appropriate.
3. **Training:** DHS and Law Enforcement will be trained regarding this protocol.
4. **Screening:** All calls covered by this protocol will be directed to a Child Abuse Hotline screener, who will initiate a DHS 307 form. DHS 307 forms, which give DHS the legal basis to begin an investigation, must be initiated for all DHS Child Welfare field assessments. The Child Abuse Hotline screener will check DHS's history and do applicable criminal records check. Screening decisions about when DHS will respond, i.e., within 24 hours or 5 days, will be made based on child safety, coordination/planning with police agencies and other relevant factors. A 5-day response may be indicated if extensive response planning is necessary with police agencies. The decided DHS response will be communicated to and coordinated with the responding law enforcement agency.
5. **DHS On-Site Safety Assessment of Drug-Endangered Children:** DHS shall conduct a safety assessment in accordance with DHS procedures, and shall inform investigating police officers when immediate protective custody is warranted. Police officers also have the authority to take a child into protective custody when the child's conditions or surroundings reasonably appear to jeopardize the child's welfare. (ORS 419B.150).

B. DHS Response to Drug-Endangered Children

1. **Police-Initiated Requests for Joint Response With Advance Notice:** When police become aware of drug-endangered children during the course of a criminal investigation, the following steps will be taken
 - a. The police call the Child Abuse Hotline at 503-657-6802.
 - b. The Child Abuse Hotline screener initiates a 307.
 - c. If the call is received during business hours and does not require an immediate joint response, the Child Abuse Hotline screener notifies the CPS manager for possible assignment.
 - d. If the call is received outside business hours or requires an immediate joint response, the Child Abuse Hotline screener will page the DHS on call staff person.
2. **Police-Initiated Requests for *Immediate* Joint Response With No Advance Notice:** When police encounter drug-endangered children without forewarning, such as when a methamphetamine lab is unexpectedly discovered and children are present, the following steps will be taken:
 - a. The police call the Child Abuse Hotline at 503- 657-6802
 - b. The Child Abuse Hotline screener initiates a 307.
 - c. After screening, the Child Abuse Hotline will coordinate/plan DHS response which may include a DHS caseworker going to the location.

In the event a DHS caseworker is contacted directly by police, the DHS caseworker will contact the Child Abuse Hotline to initiate a 307.
3. **DHS-Initiated Requests for Immediate Joint Response Following Call to Child Abuse Hotline:** When the Child Abuse Hotline receives a report of children exposed to the sale, manufacture or possession of controlled substances, the screener shall attempt to obtain the following information to assist in the determination of whether an immediate joint response is necessary:

- a. The detail of the report, including the description of the reported address; the number, identity and/or description(s) of the responsible adult(s); the number, identity and/or description(s) of the endangered children; the nature of the danger to the children; the living conditions of the children; the presence, recency, and frequency of chemical odors; chemicals observed at the location; specific observations of drug activity; information concerning the presence of weapons; and any other dangers observed by the caller.
- b. Where information obtained from the caller does not by itself require an immediate joint response, the screener shall attempt to obtain relevant information from the applicable police agency concerning the subjects of the complaints, and whether the police agency is aware of the location and/or circumstances reported to the Hotline.

Where a Hotline caller reports circumstances indicating an immediate danger to children, the Hotline screener shall call 9-1-1 and report the information for an immediate emergency services response, and shall thereafter initiate a 307 and notify the CPS Unit (if during business hours) or the DHS staff person (if not during business hours) for an immediate joint response if available.

4. **DHS-Initiated Requests for Immediate Joint Response**
Following DHS Employee Observations: DHS personnel who encounter potential drug-endangered children during home visits or in other field situations shall follow statewide DHS safety protocol, and shall call 9-1-1 and/or the Child Abuse Hotline, as appropriate.

C. DHS Facilitation of Medical Evaluation, Testing, and Follow-Up
 (When DHS Has Custody or Parents have Given Consent)

1. Level I Response

- a. **DHS Coordination of Immediate Medical Evaluation and Testing:** DHS shall ensure that children found at methamphetamine laboratories are taken to the Legacy Emanuel Hospital Emergency Department (ED) for a medical evaluation and testing within 2 –4 hours from time children are removed from location.

If a child has been exposed to a methamphetamine laboratory but the child is not discovered at the time of the laboratory seizure, the child should still be brought to the ED if the child is located within 48 hours of the child's exposure to the methamphetamine laboratory.

If exposure is over 48 hours, information gathered by DHS may be taken into consideration and the child may be referred to the Emergency Department or other medical services.

- b. DHS will notify Legacy Emanuel Emergency Department (ED) at (503) 413-4121 as soon as possible regarding the number of drug-endangered children to be transported to the ED for medical evaluation and testing.
- c. **Obtaining Decontamination Information:** If responsible for the transport of the drug-endangered children for medical evaluation and testing, the DHS staff person shall determine from on scene personnel the type of decontamination performed on scene and the need for further decontamination at the Emergency Department. The DHS staff person shall obtain from on scene personnel the completed "Child Chemical Exposure Checklist" for presentation to Emergency Department personnel. The DHS staff person should have clothing available for post decontamination transport to the Emergency Department or temporary shelter care.
- d. Contaminated children report to the ED ambulance bay. Otherwise, children are presented to the ED admittance desk.
- e. **Obtaining Medical History:** DHS shall attempt to obtain information on the medical histories, allergies, current prescriptions, and other historical health information from the parents or other adults present at the location of the endangerment. In addition, DHS shall attempt to obtain consent for medical evaluation and testing from the parents or guardians of the drug-endangered children.
- f. **Forensic Interview Referral:** If DHS and LEA determine a forensic interview is warranted, the referral will be made to the appropriate program and according to standard MDT protocol.

- g. **DHS Long-Term Follow-Up:** DHS personnel shall thereafter ensure that children taken into protective custody pursuant to this protocol are examined by medical and mental health personnel as needed. This follow-up is to include, at a minimum, within one month of the drug-related exposure, the following:
 - 1). Abnormal lab tests repeated.
 - 2). Complete referrals for a developmental and mental health assessments.
 - 3). HIV tests per DHS policy.

2. **Level II Response**

- a. **DHS Coordination of Immediate Medical Evaluation and Testing:** DHS shall ensure that children found in environments where significant use, possession or consumption of illegal substances is occurring that the child receives appropriate laboratory screening within 2- 4 hours from the time the children were removed from the location. DHS and/or LEA shall contact The Children's Center of Clackamas County within 24 hours of removal for further medical triage decision-making.

If recommended by The Children's Center that the child be seen locally outside of the Children's Center, for a medical evaluation, the DHS worker shall provide the foster parent with a copy of Exhibit 4, (Information for Medical Providers) to be given to the medical providers.

If exposure is over 48 hours, the child should be referred for a medical evaluation within 72 hours and labs for UA's to medical services (See Exhibit 7) who are able to collect the necessary lab information.

- b. **Obtaining Medical History:** DHS shall attempt to obtain information on the medical histories, allergies, current prescriptions, and other historical health information from the parents or other adults present at the location of the endangerment. In addition, DHS shall attempt to obtain consent for medical evaluation and testing from the parents or guardians of the drug-endangered children.

- c. **Forensic Interview Referral:** If DHS and LEA determine a forensic interview is warranted, the referral will be made to the appropriate program and according to standard MDT protocol.
- d. **DHS Long-Term Follow-Up:** DHS personnel shall thereafter ensure that children taken into protective custody pursuant to this protocol are examined by medical and mental health personnel as needed. This follow-up is to include, at a minimum, within one month of the drug-related exposure, the following:
 - 1). Abnormal lab tests repeated.
 - 2). Complete referrals for a developmental and mental health assessments.
 - 3). HIV tests per DHS policy.

V. LEGACY EMANUEL HOSPITAL and THE CHILDREN'S CENTER of CLACKAMAS COUNTY PROTOCOL FOR DRUG ENDANGERED CHILDREN

A. Overall Risk Assessment for Drug-Endangered Children

1. Medical Risks for Children:

- a. Explosion and fire risk.
- b. Injury from direct contact with caustic materials.
- c. Long-term risk from exposure to environmental contamination.
- d. Exposure to weapons/violence associated with criminal commerce.
- e. Increased risk for sex abuse, physical abuse, emotional abuse and neglect.

2. Routes of Potential Exposure:

- a. Injection.

- b. Ingestion.
- c. Inhalation.
- d. Absorption.

3. **Symptoms and Target Organs:**

- a. **Solvents:** Acetone, ether, methanol and white gas.
 - Symptoms: Irritation to skin, eyes, nose and throat; headache; dizziness; central nervous system depressant; nausea; emesis; visual disturbances.
 - Target organs: eyes, skin, respiratory system, central nervous system.
- b. **Corrosives/Irritants:** hydriodic acid, hydrochloric acid, phosphine, sodium hydroxide, sodium thiosulfate, and sulfuric acid.
 - Symptoms: Irritation to upper respiratory tract, cough; eye, skin burns; gastrointestinal disturbances; thirst; chest tightness; dyspnea; muscle pain; syncope convulsions.
 - Target Organs: eyes, skin and respiratory tract.
- c. **Metals/Salts:** iodine, red phosphorus and yellow phosphorus.
 - Symptoms: irritation to eyes, skin, nose, respiratory tract; lacrimation; headache; chest tightness; cutaneous hypersensitivity; abdominal pain; jaundice.
 - Target organs: eyes, skin, respiratory system, central nervous system, liver, kidneys, blood, cardiovascular system.

B. Notification and Presentation of Drug-Endangered Children to Legacy Emanuel Emergency Department (ED)

- 1. Drug-endangered children who are subject to medical evaluation

and testing pursuant to this protocol are to be taken to the Legacy Emanuel ED ASAP or within **48 hours*** of their removal from a methamphetamine laboratory. (*If a child has been exposed to a methamphetamine laboratory but the child is not discovered at the time of the laboratory seizure, the child shall be brought to the ED, if the child is located within 48 hours of the child's exposure to the methamphetamine laboratory.)

2. DHS or police will notify Legacy Emanuel Emergency Department ("ED") at (503) 413-4121 as soon as possible regarding the number of drug-endangered children to be transported to the ED for medical evaluation and testing.
3. A "Child Chemical Exposure Checklist" will be presented at the ED with drug-endangered child(ren) as soon as possible or the information may be provided by phone. This informs the ED of all available information regarding potential chemical exposure and the level and type of field decontamination performed on the child(ren). Children will be decontaminated prior to being transported to the ED unless medical instability requires immediate transportation.
4. Contaminated children report to the ED ambulance bay. Otherwise, children are presented to the ED admittance desk.

C. Emergency Department Evaluation and Testing of Drug-Endangered Children

1. **ED Nurse:** Upon DHS or police request for a drug-endangered child evaluation, the ED Nurse shall do the following:
 - a. ED nurse shall immediately obtain a **urine sample** from the child(ren), with appropriate chain of evidence (use Legacy/MetroLab's Chain of Custody and Control (Non-regulated) Form 1. In the Donor consent and signature area, have the accompanying DHS employee or law enforcement officer sign and indicate, "patient is a minor". In the Chain of Custody signature area place the collectors/nurse initials and date (please see sample Chain of Custody in DEC protocol notebook). Make sure that the evidential security seal is properly attached, initialed, and dated on all containers collected.
 - b. Notify Legacy Emanuel toxicology lab that a specimen needs to be transported to MetroLab for testing of a drug-endangered child.

MetroLab Notification Information:

Client Services: 7:00 am to 7:00 pm (M-F)

Phone number (503) 413-5295

Or 24 hour # is (503) 413-4812

2. **ED Nurse:** The ED nurse will obtain a medical history and vital signs, including the following:

- a. Temperature
- b. Blood pressure
- c. Pulse
- d. Respirations

3. **ED Physician:** The ED doctor will complete a physical exam to include, but not limited to:

- a. Unusual odors
- b. Hygiene
- c. Neurological abnormalities
- d. Cardiac or pulmonary findings
- e. Skin/Hair findings, including injuries, lesions and foreign substances and stains, which should be collected and/or photographed if possible.
- f. Ano-genital exam

Follow-up recommendations will include: (1) repeating abnormal lab tests; (2) completion of a developmental and mental health assessment; (3) HIV testing, if appropriate; (4) other medical follow-up based upon exam findings; and (5) referral for forensic evaluations per MDT protocol.

4. **Mandatory Laboratory Testing Ordered by ED:**

- a. The **urine testing** to be ordered by the ED is:
 - 1) Complete urine drug screen to include Methamphetamine/Amphetamine.
(Panel: OR DP10A32)

- 2) Specific order for most likely drugs/chemicals the child was exposed to, e.g. methamphetamine or amphetamine, cocaine, etc. Order Notes: Include in order notes for the drug tests, that if preliminary drug screen is **negative** to perform the appropriate **retest** confirmation procedure(s) for the drug(s) listed. This will then cue the lab to run the confirmation test to the limits of detection.
- 3) ED or Emanuel laboratory staff are **not** to use the onsite screening devices for screening. Drug screens must be performed at MetroLab.

5. Optional Laboratory Testing Ordered

a. ED will consider ordering **serology testing** as indicated:

- 1) Comprehensive Metabolic Panel (includes electrolytes and liver function test). 2 ml plasma or serum.
- 2) Complete blood count 1 ml whole blood, EDTA.
- 3) Lithium level. 1 ml serum or plasma, gold or green top tube.
- 4) If specific information accompanies the patient regarding type of materials utilized in the manufacturing of the drug, MD may wish to order additional studies (e.g., if method of manufacturing was NOT ephedrine based may wish to order lead or heavy metal analysis).
- 5) The Methamphetamine order set will list the lab studies in descending order of importance. Lab personnel will run the studies at the top of the order set first and proceed down the list until the specimen is exhausted.

ED can discharge the patient prior to all lab results being available if DHS or the guardian has a reliable plan for how the ED can contact them if lab results require immediate follow-up. ED MD should write an order “may discharge patient when labs are in progress.”

- 6) ED can consider hair analysis in unique situations where past exposure should be documented and the child will NOT be accessible to DHS/LEA in the future. Obtain a pencil size width of hair, cut NOT pulled at the scalp. Place rubber band at root end of sample (consider using National Medical Services hair collection kit). Place and fold up hair clippings in a piece of aluminum foil and seal in forensic envelope, label and submit to Metro Lab under chain of custody. Also note any signs of hair coloring or bleach with which the child's hair may have been washed or treated.

- c. ED will request lab results be sent to:

Children's Center of Clackamas County
Phone number (503) 665-7725
Fax number (503) 655-7720

5. Additional ED Notifications/Referrals:

- a. ED is to notify the DHS Child Abuse Hotline at (503) 657-6802 if concerns of physical or sexual abuse develop during the medical evaluation, or if crisis intervention is needed. The Child Abuse Hotline will cross report this information to the appropriate LEA jurisdiction that will assess the need for an immediate LEA response under the MDT protocol.
- b. Physician is to dictate a STAT report and request copy to Children's Center of Clackamas County. ED is to fax the initial ED report, including lab test results, to Children's Center of Clackamas County.
- c. ED will refer all drug-endangered children for forensic evaluation per MDT Protocol.

C. Children's Center of Clackamas County Assessment and Follow-Up

1. Notification of Potential Drug-Endangerment:

Children's Center of Clackamas County will send lab results to the child's medical provider and to the assigned DHS worker along with the letter *Information for Health Care Providers – Children Exposed to Methamphetamine Labs*.

The DHS caseworker will provide to the foster parent a copy of the letter *Information for Health Care Providers – Children Exposed to Methamphetamine Labs*. The foster parent will provide the child's current medical provider with a copy of this letter.

2. **Medical Evaluation and Test Results:** Children's Center of Clackamas County will promptly forward ED report and lab results to the assigned Police Case Agent. The assigned Police Case Agent shall forward the medical evaluation and lab test results to the District Attorney's office.

VI. CLACKAMAS COUNTY DISTRICT ATTORNEY'S OFFICE PROTOCOL

A. The Drug Unit of Clackamas County District Attorney's Office

1. **The Drug Unit of the Clackamas County District Attorney's Office** shall be the recipient of DEC investigation notifications and case referrals by law enforcement agencies within Clackamas County.
2. **Investigative Assistance to Police and DHS:** Upon contact by a police case agent or DHS personnel involved in a DEC investigation, the Drug Unit of the CC District Attorney's Office shall coordinate and assist with the lawful seizure of DEC-related evidence, including assisting in the drafting of search warrant affidavits, and any other required court authorization for the seizure or obtaining of evidence pertaining to the DEC investigation.
3. **Coordination with Juvenile DDAs:** The Drug Unit of CC District Attorney's Office shall ensure that all information garnered during the criminal investigation is communicated to the deputy district attorney assigned to the dependency and/or termination of parental rights case.
4. **Prosecution of DEC Cases:** The Drug Unit of CC District Attorney's Office or his/her designee is responsible for screening and presenting the drug and child neglect/endangerment case for prosecution in a timely fashion.
5. **Assignment of Victim's Advocate in DEC Cases:** Upon receipt of the case, the Drug Unit of the District Attorney's Office shall

ensure a Victim's Advocate is assigned to all cases when children are involved.

6. **Sentencing Considerations:** The Drug Unit of the CC District Attorney's Office shall be responsible for communicating with assigned DHS personnel and deputy district attorneys assigned to any pending dependency or termination case before entering into a plea agreement with the defendant(s) to ensure that an appropriate sentence is recommended, and, where applicable, that appropriate conditions of probation are in place to address the parenting concerns.
7. **Restitution:** The Drug Unit of the CC District Attorney's Office shall include in any pre-trial offer a requirement that the offender pay restitution for costs incurred in the medical evaluation, testing, emergency service costs, and treatment of any drug-endangered children which resulted from the offender's criminal activities. Other related restitution shall be sought as well, including that associated with clean-up of the contaminated site, and HazMat response expenses.
8. **Communication with Other Interested Agencies:** The Drug Unit of the CC District Attorney's Office shall make available the outcome of any drug prosecution involving child endangerment charges to interested DHS and dependency or termination deputy district attorneys.

EXHIBIT ONE

GLOSSARY

Level I Response: Children Found at Methamphetamine Laboratories.

Level II Response: Children Exposed to the Sale, Use or Possession of Controlled Substances.

Children's Center of
Clackamas County: Interview/Assessment Center

Police Case Agent: Lead investigating police officer.

EXHIBIT TWO

CHILD CHEMICAL EXPOSURE CHECKLIST

The below listed child(ren) may have been exposed to chemicals used in the manufacture of illegal drugs:

Child(ren's) name(s);
dates of birth and address:

Date of Protective Custody:

Address of illegal lab
or contaminated residence:

Police Agency:

Police Case Agent
Name & Cell Number:

Illegal lab type:

Decontamination:

_____ No. If no, why not? _____

_____ Yes. If yes, type of decontamination: _____

EXHIBIT THREE

THE CHILDREN'S CENTER of CLACKAMAS COUNTY

Date _____

Re: Child _____

Date of birth _____

Dear Dr _____:

Your above-named patient was evaluated at the Children's Center on _____ under
the Clackamas County Drug Endangered Child Protocol (DEC).

☐ For your review, the completed lab studies and their results are attached. Medical
staff at the Children's Center of Clackamas County has additionally reviewed this
information as outlined in the Clackamas County Drug Endangered Child Protocol.

☐ This child was seen for _____
at the Children's Center of Clackamas County. The report from the evaluation will
be sent to you upon completion.

☐ This child was not seen at the Children's Center of Clackamas County because

Our recommendations for follow-up regarding this child's exposure to drugs are as
follows:

- ☐ Heavy Metals Panel (arsenic, mercury, and lead)
- ☐ Urine nucleic acid amplification test for chlamydia/gonorrhea
- ☐ RPR/syphilis
- ☐ Referral to counseling services
- ☐ Other _____

If you have any questions regarding the DEC Protocol, contact The Children's Center at
503 655.7725.

Sincerely,

Examiner, Children's Center of Clackamas County

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EXHIBIT FOUR

EXHIBIT FIVE

163.547 Child neglect in the first degree. (1)(a) A person having custody or control of a child under 16 years of age commits the crime of child neglect in the first degree if the person knowingly leaves the child, or allows the child to stay:

(A) In a vehicle where controlled substances are being criminally delivered or manufactured;

(B) On premises and in the immediate proximity where controlled substances are criminally delivered or manufactured for consideration or profit; or

(C) In or upon premises that have been determined to be not fit for use under ORS 453.855 to 453.912.

(b) As used in this subsection, “vehicle” and “premises” do not include public places, as defined in ORS 161.015.

(2) Child neglect in the first degree is a Class B felony.

(3) Subsection (1) of this section does not apply if the controlled substance is marijuana and is delivered for no consideration. [1991 c.832 §1; 2001 c.387 §1; 2001 c.870 §11]

163.575 Endangering the welfare of a minor. (1) A person commits the crime of endangering the welfare of a minor if the person knowingly:

(a) Induces, causes or permits an unmarried person under 18 years of age to witness an act of sexual conduct or sadomasochistic abuse as defined by ORS 167.060; or

(b) Permits a person under 18 years of age to enter or remain in a place where unlawful activity involving controlled substances is maintained or conducted; or

(c) Induces, causes or permits a person under 18 years of age to participate in gambling as defined by ORS 167.117; or

(d) Distributes, sells, or causes to be sold, tobacco in any form to a person under 18 years of age; or

(e) Sells to a person under 18 years of age any device in which tobacco, marijuana, cocaine or any controlled substance, as defined in ORS 475.005, is burned and the principal design and use of which is directly or indirectly to deliver tobacco smoke, marijuana smoke, cocaine smoke or smoke from any controlled substance into the human body including but not limited to:

(A) Pipes, water pipes, hookahs, wooden pipes, carburetor pipes, electric pipes, air driven pipes, corn cob pipes, meerschaum pipes and ceramic pipes, with or without screens, permanent screens, hashish heads or punctured metal bowls;

(B) Carburetion tubes and devices, including carburetion masks;

(C) Bongs;

(D) Chillums;

(E) Ice pipes or chillers;

(F) Cigarette rolling papers and rolling machines; and

(G) Cocaine free basing kits.

(2) Endangering the welfare of a minor by violation of subsection (1)(a), (b), (c) or (e) of this section, involving other than a device for smoking tobacco, is a Class A misdemeanor.

(3) Endangering the welfare of a minor by violation of subsection (1)(d) of this section or by violation of subsection (1)(e) of this section, involving a device for smoking tobacco, is a Class A violation and the court shall impose a fine of not less than \$100. [1971 c.743 §177; 1973 c.827 §20; 1979 c.744 §8; 1981 c.838 §1; 1983 c.740 §31; 1991 c.970 §5; 1995 c.79 §52; 1999 c.1051 §153]

167.262 Adult using minor in commission of controlled substance offense. (1) It is unlawful for an adult to knowingly use as an aider or abettor or to knowingly solicit, force, compel, coerce or employ a minor, with or without compensation to the minor:

(a) To manufacture a controlled substance; or

(b) To transport, carry, sell, give away, prepare for sale or otherwise distribute a controlled substance.

(2)(a) Except as otherwise provided in paragraph (b) of this subsection, violation of this section is a Class A felony.

(b) Violation of this section is a Class A misdemeanor if the violation involves delivery for no consideration of less than five grams of marijuana. [1991 c.834 §1]

419B.005 Definitions. As used in ORS 418.747, 418.748, 418.749 and 419B.005 to 419B.050, unless the context requires otherwise:

(1)(a) “Abuse” means:

(A) Any assault, as defined in ORS chapter 163, of a child and any physical injury to a child which has been caused by other than accidental means, including any injury which appears to be at variance with the explanation given of the injury.

(B) Any mental injury to a child, which shall include only observable and substantial impairment of the child’s mental or psychological ability to function caused by cruelty to the child, with due regard to the culture of the child.

(C) Rape of a child, which includes but is not limited to rape, sodomy, unlawful sexual penetration and incest, as those acts are defined in ORS chapter 163.

(D) Sexual abuse, as defined in ORS chapter 163.

(E) Sexual exploitation, including but not limited to:

(i) Contributing to the sexual delinquency of a minor, as defined in ORS chapter 163, and any other conduct which allows, employs, authorizes, permits, induces or encourages a child to engage in the performing for people to observe or the photographing, filming, tape recording or other exhibition which, in whole or in part, depicts sexual conduct or contact, as defined in ORS 167.002 or described in ORS 163.665 and 163.670, sexual abuse involving a child or rape of a child, but not including any conduct which is part of any investigation conducted pursuant to ORS 419B.020 or which is designed to serve educational or other legitimate purposes; and

(ii) Allowing, permitting, encouraging or hiring a child to engage in prostitution, as defined in ORS chapter 167.

(F) Negligent treatment or maltreatment of a child, including but not limited to the failure to provide adequate food, clothing, shelter or medical care that is likely to endanger the health or welfare of the child.

(G) Threatened harm to a child, which means subjecting a child to a substantial risk of harm to the child's health or welfare.

(H) Buying or selling a person under 18 years of age as described in ORS 163.537.

(I) Permitting a person under 18 years of age to enter or remain in a place where methamphetamines are being manufactured.

(b) "Abuse" does not include reasonable discipline unless the discipline results in one of the conditions described in paragraph (a) of this subsection.

(2) "Child" means an unmarried person who is under 18 years of age.

(3) "Public or private official" means:

(a) Physician, including any intern or resident.

(b) Dentist.

(c) School employee.

(d) Licensed practical nurse or registered nurse.

(e) Employee of the Department of Human Services, State Commission on Children and Families, Child Care Division of the Employment Department, the Oregon Youth Authority, a county health department, a community mental health and developmental disabilities program, a county juvenile department, a licensed child-caring agency or an alcohol and drug treatment program.

(f) Peace officer.

(g) Psychologist.

(h) Member of the clergy.

(i) Licensed clinical social worker.

(j) Optometrist.

(k) Chiropractor.

(L) Certified provider of foster care, or an employee thereof.

(m) Attorney.

(n) Naturopathic physician.

(o) Licensed professional counselor.

(p) Licensed marriage and family therapist.

(q) Firefighter or emergency medical technician.

(r) A court appointed special advocate, as defined in ORS 419A.004.

(s) A child care provider registered or certified under ORS 657A.030 and 657A.250 to 657A.450.

(t) Member of the Legislative Assembly.

(4) "Law enforcement agency" means:

(a) Any city or municipal police department.

(b) Any county sheriff's office.

(c) The Oregon State Police.

(d) A county juvenile department. [1993 c.546 §12; 1993 c.622 §1a; 1995 c.278 §50; 1995 c.766 §1; 1997 c.127 §1; 1997 c.561 §3; 1997 c.703 §3; 1997 c.873 §30; 1999 c.743 §22; 1999 c.954 §4; 2001 c.104 §148; 2003 c.191 §1]

419B.502 Termination upon finding of extreme conduct. The rights of the parent or parents may be terminated as provided in ORS 419B.500 if the court finds that the parent or parents are unfit by reason of a single or recurrent incident of extreme conduct toward any child. In such case, no efforts need to be made by available social agencies to help the parent adjust the conduct in order to make it possible for the child or ward to safely return home within a reasonable amount of time. In determining extreme conduct, the court shall consider the following:

- (1) Rape, sodomy or sex abuse of any child by the parent.
- (2) Intentional starvation or torture of any child by the parent.
- (3) Abuse or neglect by the parent of any child resulting in death or serious physical injury.
- (4) Conduct by the parent to aid or abet another person who, by abuse or neglect, caused the death of any child.
- (5) Conduct by the parent to attempt, solicit or conspire, as described in ORS 161.405, 161.435 or 161.450 or under comparable laws of any jurisdiction, to cause the death of any child.
- (6) Previous involuntary terminations of the parent's rights to another child if the conditions giving rise to the previous action have not been ameliorated.
- (7) Conduct by the parent that knowingly exposes any child of the parent to the storage or production of methamphetamines from precursors. In determining whether extreme conduct exists under this subsection, the court shall consider the extent of the child or ward's exposure and the potential harm to the physical health of the child or ward. [1993 c.33 §139; 1995 c.767 §1; 1997 c.873 §5; 1999 c.859 §16; 2001 c.575 §1; 2001 c.686 §23; 2003 c.396 §84]

475.986 Application of controlled substance to the body of another person; prohibition. (1) Except as authorized by ORS 475.005 to 475.285 or 475.940 to 475.999, it is unlawful for any person to intentionally apply a controlled substance to the body of another person by injection, inhalation, ingestion or any other means if the other person is under 18 years of age. A person who violates this section with respect to:

- (a) A controlled substance in Schedule I or II, is guilty of a Class A felony classified as crime category 9 of the sentencing guidelines grid of the Oregon Criminal Justice Commission.
 - (b) A controlled substance in Schedule III, is guilty of a Class B felony classified as crime category 8 of the sentencing guidelines grid of the Oregon Criminal Justice Commission.
 - (c) A controlled substance in Schedule IV, is guilty of a Class C felony.
 - (d) A controlled substance in Schedule V, is guilty of a Class A misdemeanor.
- (2) It is a defense to a charge of violating subsection (1) of this section by applying marijuana that the person applying the marijuana was less than three years older than the victim at the time of the alleged offense. [2001 c.857 §2]

475.995 Penalties for distribution to minors. Except as authorized by ORS 475.005 to 475.285 and 475.940 to 475.999, it is unlawful for any person to deliver a controlled substance to a person under 18 years of age. Any person who violates this section with respect to:

- (1) A controlled substance in Schedule I or II, is guilty of a Class A felony.
- (2) A controlled substance in Schedule III, is guilty of a Class B felony.
- (3) A controlled substance in Schedule IV, is guilty of a Class A misdemeanor.
- (4) A controlled substance in Schedule V, is guilty of a Class B misdemeanor.
- (5) Notwithstanding the placement of marijuana in a schedule of controlled substances under ORS 475.005 to 475.285 and 475.940 to 475.999, and notwithstanding ORS 475.992 (2), delivery of marijuana to a minor is a Class A felony if:
 - (a) The defendant is 18 years of age or over; and
 - (b) The conviction is for delivery of marijuana to a person under 18 years of age who is at least three years younger than the defendant. [1977 c.745 §20; 1979 c.777 §56; 1995 c.440 §38]

475.999 Penalty for manufacture or delivery of controlled substance within 1,000 feet of school. Except as authorized by ORS 475.005 to 475.285 and 475.940 to 475.999, it is unlawful for any person to:

- (1) Manufacture or deliver a schedule I, II or III controlled substance within 1,000 feet of the real property comprising a public or private elementary, secondary or career school attended primarily by minors.
 - (a) Unlawful manufacture or delivery of a controlled substance within 1,000 feet of a school is a Class A felony.
 - (b) Notwithstanding the provisions of paragraph (a) of this subsection, delivery for no consideration of less than five grams of the dried leaves, stems and flowers of the plant Cannabis family Moraceae in a public place, as defined in ORS 161.015, that is within 1,000 feet of the real property comprising a public or private elementary, secondary or career school attended primarily by minors to a person who is 18 years of age or older is a Class C misdemeanor.
- (2)(a) Possess less than one avoirdupois ounce of the dried leaves, stems and flowers of the plant Cannabis family Moraceae in a public place, as defined in ORS 161.015, that is within 1,000 feet of the real property comprising a public or private elementary, secondary or career school attended primarily by minors.
 - (b) Possession of less than one avoirdupois ounce of the dried leaves, stems and flowers of the plant Cannabis family Moraceae in a public place that is within 1,000 feet of a school is a Class C misdemeanor. [1989 c.806 §2; 1991 c.574 §1; 1993 c.78 §1; 1995 c.343 §49; 1995 c.440 §39]

EXHIBIT SIX

CONTACT INFORMATION

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| 1. Children's Center of Clackamas Co: | 503 655-7725
Fax #: 503 655-7720 |
| 2. Clackamas County District Attorney: | 503 655-8431
Fax#: 503 650-8943 |
| 3. Clackamas County Victim's Assistance | 503 655-8616 24-hr. Crisis Line
Fax#: 503 650-3598 |
| 4. Clackamas County Juvenile Court Intake: | 503 655-8432
Fax#: 503-655-8448 |
| 5. Clackamas County Juvenile Reception
Center (For after hours) | 503 650-3180
Fax#: 650-3176 |
| 6. Legacy Emanuel Emergency Department: | 503 413-4121
Fax#: 503-413-2836 |
| 7. MetroLab Client Services: | 503 413-5295 (M-F, 0700-1900)
503 413-4812 (24 Hr. #) |
| 8. Clackamas County Child Abuse Hotline: | 503 657-6802
Fax#: 503-731-3080 |
| 9. Medical Consultation | 503 441-9470 |
| 10. Clackamas County Sheriff's Office
Child Abuse Team (CAT) | 503 655-8211
Fax#: 503 723-4874 |

EXHIBIT SEVEN